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DATE: July 7, 2004

PTO IDENTIFIER: Application Number 10/061,001

Patent Number

Inventor: Sau Lan T. Staats

MESSAGE TO: Jeffrey Barton Group Art Unit: 1753
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PAGES (Including Cover Sheet): 10

CONTENTS: Amendment transmittal (1 page)
Preliminary Amendment (7 pages) and
Certificate of Facsimile (1 page).

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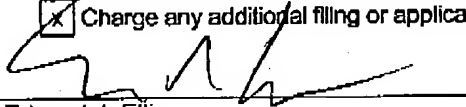
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|---|---|---|-----------------------------------|----------------------------|-------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 04194/100L483-US2 | | |
| Application No. 10/061,001 | Filing Date January 30, 2002 | Examiner Not Yet Assigned | Art Unit N/A | | |
| Applicant(s): Sau Lan T. Staats | | | | | |
| Invention: MICROFLUIDIC DEVICES | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 32 | - 37 = | | x | 0.00 |
| Independent Claims | 2 | - 4 = | | x | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Edward J. Ellis Attorney Reg. No.: 40,389 DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766 | | | | Dated: <u>July 7, 2004</u> | |

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